

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
APR 02 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-00069
Date: 4/3/15
Amount Paid: \$365 4/10/15
Refund:

18345 + 4500 = 18395

| | | | |
|---|---|--|--|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: <u>John M. Robertson</u> | Mailing Address: <u>1945 Power Rd. Appleton WI 54821</u> | City/State/Zip: <u>Appleton WI 54821</u> | Telephone: <u>798-2315</u> |
| Address of Property: <u>same</u> | | City/State/Zip: | Cell Phone: |
| Contractor: <u>self</u> | Contractor Phone: | Plumber: | Plumber Phone: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Agent Phone: | Agent Mailing Address (include City/State/Zip): | |
| PROJECT LOCATION <u>NE 1/4, NE 1/4</u> | | PIN: (23 digits) <u>04-021-2-44-06-31-104-000-10000</u> | Recorded Document: (i.e. Property Ownership) Volume <u>655</u> Page(s) <u>274</u> |
| Legal Description: (Use Tax Statement) | | Gov't Lot | Lot(s) |
| CSDM | | Vol & Page | Lot(s) No. |
| Block(s) No. | | Subdivision: | Lot Size |
| Section <u>31</u> , Township <u>44</u> N, Range <u>6</u> W | | Town of: <u>Grand View</u> | |
| Acres: <u>10</u> | | Acreage | |

| | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—Continue → | Distance Structure is from Shoreline: _____ feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—Continue → | Distance Structure is from Shoreline: _____ feet | | |

| | | | | | | | | |
|---|--|---|---|--|---|--|--|--|
| Value at Time of Completion * include donated time & material <u>\$ 115,000</u> | Project # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water | | | |
| <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/> | <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation | <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Crew</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None | <input type="checkbox"/> City <input checked="" type="checkbox"/> Well | | | |
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|---|-------------------|---------------------|-------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: <u>56</u> | Width: <u>36.35</u> | Height: <u>16</u> |
| Proposed Construction: | Length: | Width: | Height: |

| | | | |
|---|---|--|----------------|
| Proposed Use | Proposed Structure | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage | (<u>36.35</u> x <u>56.1</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) | <u>1,470</u> |
| <input type="checkbox"/> Commercial Use | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) | |
| <input type="checkbox"/> Rec'd for Issuance | Mobile Home (manufactured date) | (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) | |
| <input type="checkbox"/> Municipal Use | Addition/Alteration (specify) | (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) | |
| <input type="checkbox"/> Secretarial Staff | Accessory Building (specify) | (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) | |
| <input type="checkbox"/> Rec'd for Issuance | Accessory Building Addition/Alteration (specify) | (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) | |
| <input type="checkbox"/> Secretarial Staff | Special Use: (explain) | (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) | |
| <input type="checkbox"/> APR 10 2015 | Conditional Use: (explain) | (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) | |
| <input type="checkbox"/> Secretarial Staff | Other: (explain) | (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John M. Robertson
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

Date 4-1-2015
Attach ☒ Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
Needs System EVAL. 4/3/15 - Mike Paud Samway on file

69K

Approx below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

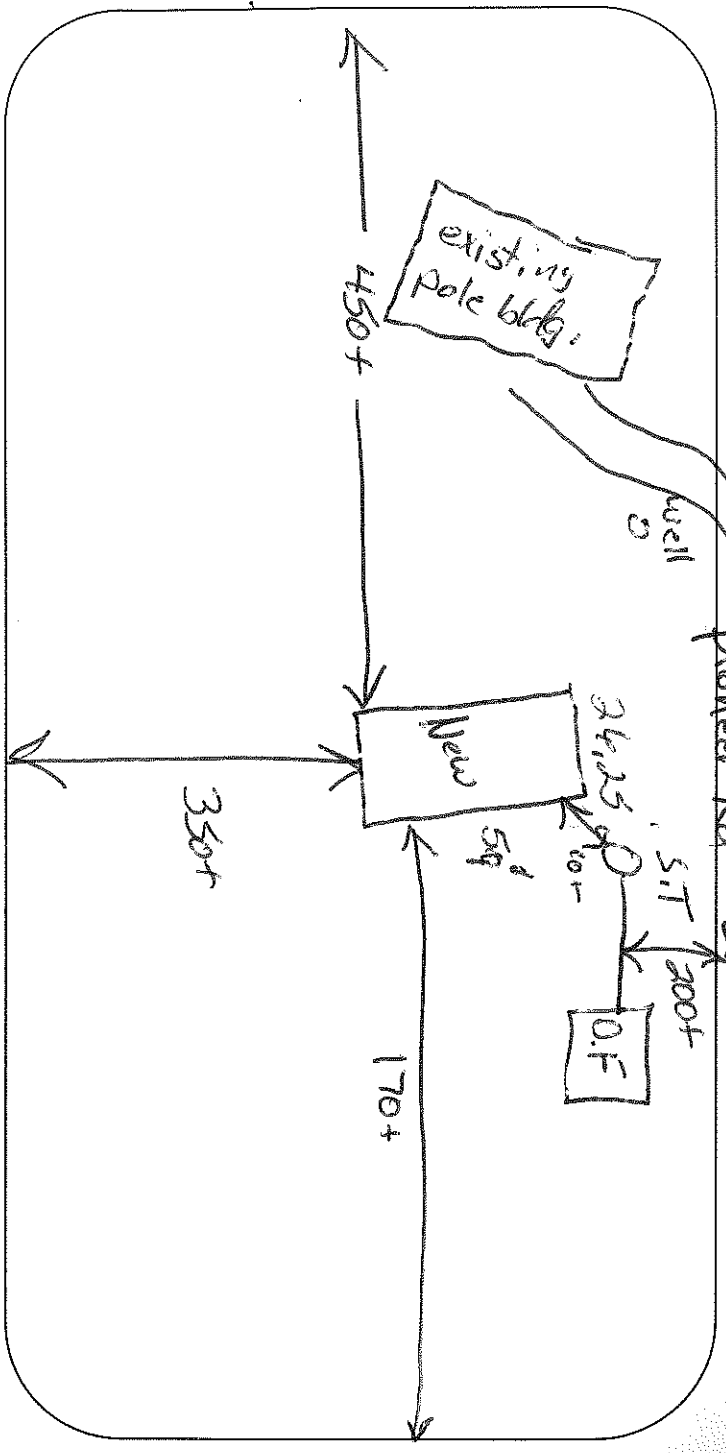
(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 200+ Feet | Setback from the Lake (ordinary high-water mark) | NA Feet |
| Setback from the Established Right-of-Way | 200+ Feet | Setback from the River, Stream, Creek | NA Feet |
| Setback from the North Lot Line Town Rd | NA Feet | Setback from the Bank or Bluff | NA Feet |
| Setback from the South Lot Line | 350+ Feet | Setback from Wetland | NA Feet |
| Setback from the West Lot Line | 450+ Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 170 Feet | Elevation of Floodplain | NA Feet |
| Setback to Septic Tank or Holding Tank | 10+ Feet | Setback to Well | 70+ Feet |
| Setback to Drain Field | 25+ Feet | | |
| Setback to Privy (Portable, Composting) | NA Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | |
|---|---|---|--|---|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: | | |
| Permit Denied (Date): | | Reason for Denial: | | | | |
| Permit #: 15-0069 | Permit Date: 4-13-15 | | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (fused/contiguous lots) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | |
| Granted by Variance (B.O.A.) | Case #: | | Were Property Lines Represented by Owner Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Inspection Record: | Mets all setbacks. | | | | | |
| Date of inspection: 4-2-15 | Inspected by: M. Fuchs | | | | | |
| Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) | | | | | | |
| Existing mobile home must be removed from property prior to do start of construction. | | | | | | |
| Signature of Inspector: Michael Fuchs | Date of Approval: 4-6-15 | | | | | |
| Hold For Sanitary: <input checked="" type="checkbox"/> Permitted Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> | | | |